



She Helps Her Thrive



Meaningful Engagement of Adolescent Girls as Champions for Newborn Girl Child Survival

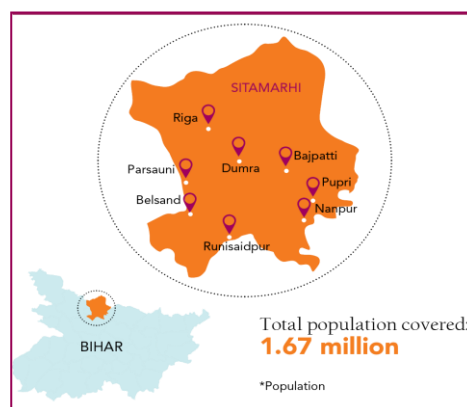
Context and Background

Despite many social campaigns and awareness drives to end sex-selective practices in India, the preference for sons remains strong. The last population census, conducted in 2011 in India highlighted that there were only 943 females per 1,000 males (Government of India). Today, the infant mortality rate in India as well as the state of Bihar stands at 32 per 1,000 live births (Government of India 2020). Gender differences in Bihar reveal that the infant mortality rate for male children is 30 deaths per 1,000 live births as compared to 35 deaths per 1,000 live births for female children (Government of India 2020). Economic, religious, and social norms that favor males may contribute to this. Research has suggested that parents expect sons—but not daughters—to provide financial and emotional care, especially in their old age, as well to increase family wealth. These determinants have the potential to result in the observed differentials in child sex ratio in Bihar, with more preference and care of male newborns and neglect of girl newborns. More than two-thirds of deaths occur in the first month of a newborn's life (i.e., during the neonatal period) and simple messages on newborn care practices can help avert these deaths.

Since 2017, EngenderHealth has been supporting the Adolescent Health Program in the Sitamarhi district of Bihar through the TARUNYA project, with support from the David and Lucile Packard Foundation. In 2020, EngenderHealth launched a unique two-month initiative, the adolescent girl champion (AGC) initiative, in eight blocks of the Sitamarhi district (see Figure 1), with support from UNICEF India, to improve the survival of newborn girls by addressing gender differentials in newborn care.



Figure 1. Intervention Map



Adolescent Girl Champion Initiative

Primary Goal: To improve the survival of newborn girls through the meaningful engagement of adolescent girl champions (AGCs) in the Sitamarhi district of Bihar

Specific Objectives

- To engage 1,000 adolescent girl peer educators as “champions” or “agents of change” to move the agenda of newborn girl child survival forward
- To pilot and test a model of engagement in which adolescent peer educators serve as health awareness mobilizers to improve newborn child survival

Expected Outcomes

- Improved newborn care knowledge and practices, with an emphasis on newborn girl survival, in the community
- Improved knowledge of newborn care among AGCs
- Improved understanding among AGCs of gender barriers that affect care of newborn girls in their communities
- Improved survival of newborn girls

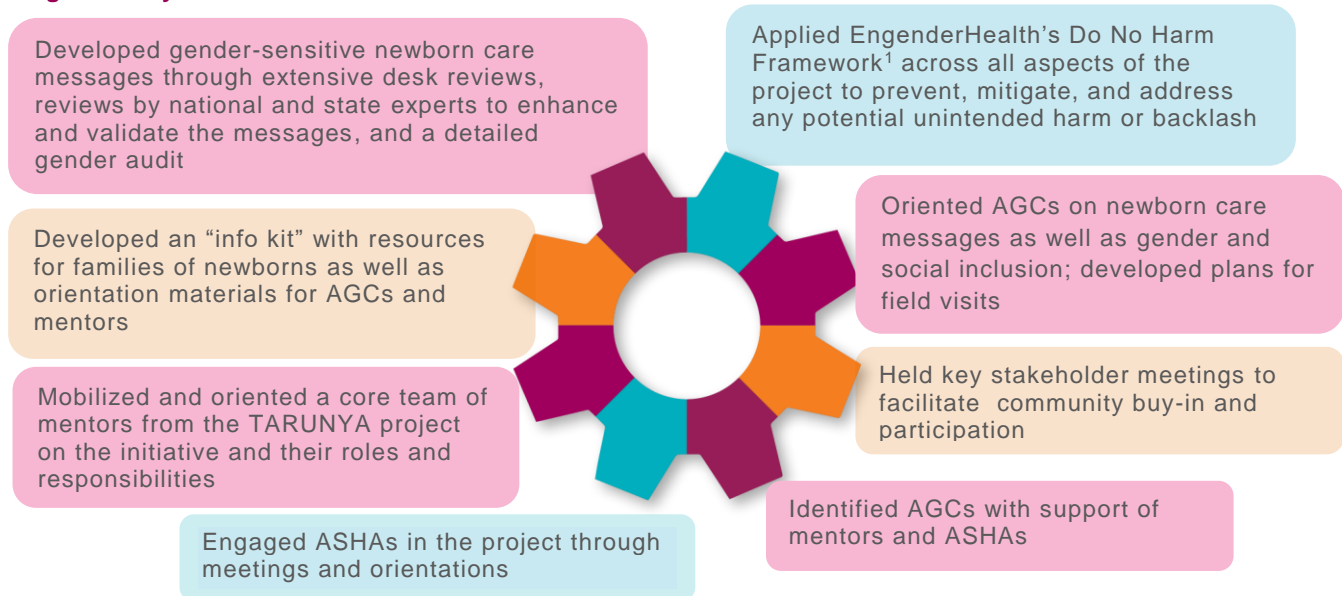
Implementation Period: November 2020 to January 2021

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Implementation

EngenderHealth engaged adolescent girl peer educators to serve as AGCs (or as *kisburi champions* as they are known in their communities) to address gender determinants in newborn girl child survival. The AGCs, supported by accredited social health activists and (ASHAs) and mentors, exercised their leadership to improve the health and well-being of newborn girls in their communities by conveying simple newborn care messages to members of families with newborn girls, during their first month of life.

Figure 2. Key Activities



Between December 2020 and January 2021, the AGCs, with the support of ASHAs, identified and started visiting households in their villages with girls born in the past four weeks. They visited these households four times (once a week). During these visits, AGCs delivered key newborn messages to family members of the newborns and provided handouts with contact details of the nearby health center, to be accessed as needed. For the first contact, an ASHA accompanied the AGC. The mentors also supported the AGCs, as and when required.

"In the training they told us how to keep the newborn warm, they also explained the correct way of breastfeeding (within 24 hours and 8 to 10 times every day). We were oriented on key messages and also given some IEC [information, education, and communication] material."

Sabrin Kausar, AGC, village Berwas, block



Key Messages Disseminated by AGCs

- Importance of keeping newborns warm (irrespective of the sex of the baby)
- Kangaroo mother care for low-birth-weight newborns (can be done by father and other family members as well, in addition to the mother)
- Exclusive breastfeeding for the first six months (irrespective of the sex of the baby)
- Proper care of umbilical cord/belly button (irrespective of the sex of the baby)
- Washing hands before handling the newborn and after cleaning urine/feces of the baby
- Timely vaccination (irrespective of the sex of the baby)
- Identification and recognition of danger signs and immediate visit to the health center once these signs are identified (irrespective of the sex of the baby)

¹A framework to prevent backlash and other forms of harm to individuals, groups, communities with which EngenderHealth works, as well as within EngenderHealth's own teams. The framework aims to prevent and mitigate any unintended harm that might occur due to the project's interventions.

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Promising Results

Within the span of two months, AGCs have successfully built rapport with the families of newborn girls in their respective communities. They have evoked confidence in the frontline workers, who supported them initially, and now view them as an important resource who can lighten their workloads. Respected community members have also recognized the potential of these committed girls as counselors who can help save the lives of newborn girls.

EngenderHealth administered a qualitative feedback survey among AGCs to assess their perceptions of the project in February 2021. Of the 404 AGCs surveyed, nearly 90% felt that due to their efforts, knowledge of newborn care among mothers, fathers, and family members had improved. Approximately 92% of the AGCs surveyed also expressed interest in continuing to share newborn care messages with their communities in the future and 95% felt they had helped increase awareness of newborn care in their communities.

Achievements



- **1,005** AGCs identified, trained, and supported
- **453** ASHAs mobilized to provide support to AGCs
- **531** newborn girls followed up with
- **169** adolescent health days conducted on newborn care, through which **2,025** adolescent boys and **572** community members were reached



"I was aware of some of these points beforehand, but I did get to learn many new things from the Kishori Champion. Roopam told me not to apply anything on the baby's umbilical cord until it dries off. She also told me that the baby should be breastfed exclusively for the first six months since breastmilk contains all the essential nutrients for the baby. All this was new information for me."

Asha Devi, mother of a newborn, village Rampur Parori East, block Dumra

"People recognize us now; family members listen to us carefully and make an effort to assimilate what we tell them. In the beginning, people refused to listen to us. However, gradually, with support from ASHA didi and our mentors, we have been able to convince them that these messages are for the benefit of their baby."



Roopam, AGC, village Rampur Parori East, block Dumra



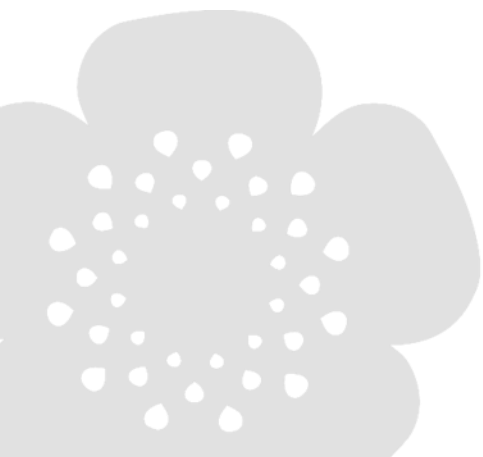
"Since the time these Kishori Champions have come, they have relieved us of our work pressure. Earlier we would do this work alone on our own. But since the time they have come, they are doing a wonderful job. I feel they can explain and counsel much better than us now!"

Hasmat Naaz, ASHA, village Berwas, block Dumrai

"Kishori Champions are providing every possible support to families through home visits. Because of their efforts and encouragement, the families are not discriminating between girls and boys today."



Mohammed Jamaluddin, Moulvi, Berwas Post, Raghapur Bakhri



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Lessons Learned and Recommendations

The rapid implementation of this two-month initiative demonstrated how leveraging existing resources and investments in adolescent health can complement and benefit other health areas. Overall, this initiative proved how adolescent girls can be powerful agents of change for addressing newborn health concerns as well as other health topics in their communities. Expanding and sustaining this initiative through longer-term funding (over the course of one or two years) would offer the opportunity to monitor and assess changes in behaviors and practices related to newborn care. Specific lessons learned from this initiative include:



- Adolescents can be powerful catalysts for improving the health and wellbeing of communities.
- Adolescents have the potential to serve not just as passive recipients of programs, but also as active change agents in their communities.
- Investing in approaches that engage young people to strengthen their capacities as leaders, encourage ownership of their communities, and take a positive lifecycle approach to adolescent health issues can yield a myriad of benefits.
- Supporting adolescents to actively participate in and assume leadership roles in their communities requires sustained support and mentorship (for example, from ASHAs, auxiliary nurse midwives, and other community resources). Sufficient resources are required for this sustained support.
- Engaging adolescents as champions for health may have a long-term impact on their own health and wellbeing.
- Engaging community-level groups and structures is key to activating and mobilizing adolescents and communities to achieve project objectives.

EngenderHealth also documented project learnings through two video films, which capture voices of the AGCs and community members, a brief, and a report.² We also disseminated the learnings and messages from the initiative on social media platforms such as Facebook, Instagram, LinkedIn, and Twitter as well as through a webinar,³ organized with support from UNICEF, on March 4, 2021.

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² <https://www.engenderhealth.org/2021/03/03/agcs-as-champions-for-newborn-girl-child-survival-in-india/>.

³ <https://youtu.be/1VN4VPrZmOY>.